



CCHSRTS

# SafeRoutes

City and County of Honolulu  
Safe Routes to School



## PARTNER CONTACT INFORMATION FORM

Partners are organizations that are contributing to the success of a SRTS project. Partnerships are optional but highly encouraged. Applicants should have each partnering organization complete this form and a letter of agreement to include it in the mini-grant application.

### Partnering Organization

Contact Name: \_\_\_\_\_

Organization: \_\_\_\_\_  
(check one)    ☐ School    ☐ PTA/PTSA    ☐ Non-Profit    ☐ For-Profit    ☐ Other

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Best Phone # to Call: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Attached is a letter of agreement that documents our support of the project(s) and identifies in detail what our roles and responsibilities are to develop and implement a successful project.

Representing the \_\_\_\_\_  
(Name of Organization)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title